



Healthcare Public Relations & Marketing Association

Membership Invitation

Application for:

O Individual Membership: A personal membership is non-transferable. If you change jobs, contact our office with your new info so you may continue to enjoy your membership benefits.

O Corporate Membership: Organizations may enroll up to four (4) individuals under this cost-effective plan. If an individual leaves during the year, the organization may submit another employee for membership. **For corporate member applications, please copy this form and provide applications for each enrollee.**

Name: _____

Title: _____

Organization: _____

Address: _____

City _____ State _____ Zip _____

Phone: () _____ Fax: () _____

E-Mail: _____ (HPRMA notices go out via e-mail)

If this is a corporate membership, are you the main billing contact? Yes___ No___

How long have you been in your current position? _____

Would you describe your job as primarily:

- PR Marketing Advertising Planning Business Development
- Vendor Serving Healthcare Industry

What value do you expect from HPRMA membership? _____

What ideas, special skill or value can you contribute to this organization?

Please select a committee on which you are interested in serving:

Programs Awards Seminar Internet Newsletter Membership Hospitality

Do you have resources you can donate/share with the organization (e.g. mailing services, printing services, research, graphic design, etc.)? _____

New applicants only, please complete the following:

How many years in the profession? 0-2 2-5 5-10 10+

Current job responsibilities: _____

Position to which you report: _____

Position(s) which report to you: _____

Undergraduate degree/major: _____

Graduate degree: _____ Postgraduate degree: _____

Currently full- or part-time student? Where? _____

Other professional memberships: _____

Signature: _____ Date: _____

Referred by: _____

One-Year Membership Fee

Individual New Membership: \$150 (\$125 + \$25 processing fee)

Individual Membership Renewal: \$125

New Corporate Membership: \$275 (\$250 + \$25 processing fee)*

Corporate Membership Renewal: \$250*

* Four people are included on a corporate membership. If you wish add extra people, they can be included at a rate of \$85 extra per person.

Number of extra people (beyond original four) _____

Student Membership: \$75 (\$0 processing fee)

Please send a check made payable to HPRMA, or use your Visa or MasterCard:

Name on card: _____

Card number: _____ Expiration Date: _____

Mail to: HPRMA, 2279 Eagle Glen Pkwy. #112, PMB 141, Corona, CA 92883

Phone: (714) 647-2430 Fax: 951-344-8396 E-mail: info@hprma.org www.hprma.org